



City of  
Troy

**TIME-LIMITED**  
**HAZARDOUS EXPERIMENT**  
**DISCLOSURE FORM**

FACILITY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

LOCATION OF EXPERIMENT/PROCESS: \_\_\_\_\_

EXPERIMENT/PROCESS START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ **(Be Specific)**

SITE OR FLOOR PLAN INCLUDED? ☐ YES ☐ NO (Submit "Scale" Drawings)

BUILDING / ROOM CONSTRUCTION CLASSIFICATION: \_\_\_\_\_ (FROM MICH. BLDG. CODE)

BUILDING / ROOM OCCUPANCY CLASSIFICATION: \_\_\_\_\_ (FROM MICH. BLDG. CODE)

BUILDING ZONING CLASSIFICATION: \_\_\_\_\_ (FROM CITY OF TROY)

IS BUILDING / ROOM EQUIPPED WITH FIRE SUPPRESSION? ☐ YES ☐ NO

☐ Wet Sprinkler ☐ Dry Chemical  
IF YES, WHAT TYPE? ☐ Dry Sprinkler ☐ Inert Gas ☐ Other \_\_\_\_\_

IS BUILDING / ROOM EQUIPPED WITH SMOKE OR FIRE DETECTION? ☐ YES ☐ NO

☐ Ionization ☐ Heat ☐ VESDA  
IF YES, WHAT TYPE? ☐ Photoelectric ☐ Beam ☐ Other \_\_\_\_\_

APPLICABLE CODE(S) / STANDARD(S) / ORDINANCE(S) TO BE MET (OR EQUIVALENCIES):  
\_\_\_\_\_

IDENTIFY ASSOCIATED HAZARDS (PROVIDE LIST): \_\_\_\_\_

IDENTIFY ADJACENT HAZARDS / EXPERIMENTS / PROCESSES: \_\_\_\_\_

**(IDENTIFY LOCATION ON SCALE DRAWING)**

SEQUENCE OF EVENTS (INCLUDE FLOW CHART)

WHAT EQUIPMENT WILL BE USED IN THE EXPERIMENT / PROCESS (PROVIDE LIST)

IS EQUIPMENT LISTED / TESTED FOR SUCH USE? ☐ YES ☐ NO

(INCLUDE DOCUMENTATION SHOWING LISTING OR APPROVED EQUIVALENCY.)

**Note:** A complete, approved set of plans must be maintained on-site while the experiment/process is in progress. All approvals are subject to field inspection. Failure to follow approved practices may lead to revocation of permit and/or legal proceedings.

IS THERE A MANUALLY ACTIVATED EMERGENCY PROCESS SHUT DOWN? ☐ YES ☐ NO

IS THERE AN AUTOMATICALLY ACTIVATED "EMERGENCY SHUT DOWN" PROCESS?  
☐ YES ☐ NO

ARE ASSOCIATED INTERLOCKS FOR SHUT DOWN PROVIDED? ☐ YES ☐ NO

WHO IS RESPONSIBLE FOR EMERGENCY SERVICE NOTIFICATION IN CASE OF FIRE, EXPLOSION, SPILL OR OTHER ACCIDENT? (*Include an emergency notification plan*)

CHEMICAL(S) INVOLVED & QUANTITIES (in U.S. measurements): \_\_\_\_\_

STORAGE METHOD(S): \_\_\_\_\_

PROCESS/PROCESSES INVOLVED: \_\_\_\_\_

WHAT HAZARDOUS WASTE OR BY-PRODUCTS ARE INVOLVED: \_\_\_\_\_

CONTAINER LABELING (NFPA 704 METHOD):      **H:** \_\_\_\_ **F:** \_\_\_\_ **R:** \_\_\_\_

**SPECIAL HAZARD:** \_\_\_\_\_

BRIEF DESCRIPTION OF EXPERIMENT / PROCESS (Add extra sheets as needed): \_\_\_\_\_

PROJECT LEADER NAME (PRINT) \_\_\_\_\_

PROJECT LEADER SIGNATURE (SIGN) \_\_\_\_\_

SAFETY DIRECTOR NAME (PRINT) \_\_\_\_\_

SAFETY DIRECTOR SIGNATURE (SIGN) \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ DATE REVIEWED BY FD: \_\_\_\_\_ RVW'D BY: \_\_\_\_\_

APPROVED OPERATION DATES:    START: \_\_\_\_\_    END: \_\_\_\_\_

COMMENTS: \_\_\_\_\_